



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

MULTI-FAMILY DWELLING MECHANICAL/ELECTRICAL/PLUMBING

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED

ADDRESS	FLOOR	UNIT #	CONSTRUCTION VALUATION \$	DATE
DESCRIPTION				SQUARE FOOTAGE

OWNER		APPLICANT/ CONTACT		CONTRACTOR	
ADDRESS		ADDRESS		ADDRESS	
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP		CITY/ STATE/ ZIP	
PHONE	CELL PHONE	PHONE	CELL PHONE	PHONE	CELL PHONE
E-MAIL		E-MAIL	LICENSE	E-MAIL	LICENSE

✓ PROJECT TYPE	✓ STRUCTURE TYPE
NEW	ACCESSORY STRUCTURE
FOUNDATION ONLY	APARTMENT
CORE & SHELL	ASSISTED LIVING
ADDITION & REMODEL	CONDOMINIUM
ADDITION ONLY	
REMODEL ONLY	
	CONDO CONVERSION

✓ MECHANICAL	✓ ELECTRICAL	✓ PLUMBING
NEW HVAC SYSTEM # SYSTEMS:	SERVICE # SERVICES:	WATER SERVICE # SERVICES:
REPLACEMENT HVAC # UNITS:	NEW DWELLING # DWELLINGS:	NEW DWELLING UNITS # UNITS:
DUCT EXTENSION ONLY ROOM AREA: SF	ADDITION & REMODEL AREA: SF	BATHROOM # BATHROOMS:
GAS SYSTEM # OUTLETS:	OUTLETS & FIXTURES # OUTLETS:	POWDER ROOM # POWDER ROOMS:
FURNACE/ HEATER # UNITS:	BRANCH CIRCUITS # CIRCUITS:	LAUNDRY # LAUNDRIES:
A/C # UNITS:	MOTORS/ HEATERS # MOTORS/HTRS:	KITCHEN # KITCHENS:
BOILER # UNITS:	TRANSFORMERS # TRANS:	WATER DISTRIBUTION AND REPIPE
CONDENSER # UNITS:	PANEL/ PANELBOARDS # PANELS:	SEWER
HOOD # UNITS:	TEMP. POWER	GAS SYSTEM # OUTLETS:
AIR INLET/OUTLET/RTRN # AIR:	ELECT. EQUIPMENT # EQUIPMENT:	WATER HEATER AND/ OR VENT PLUMBING
OTHER MECH EQUIP # EQUIP:	SPECIFY:	PLUMBING FIXTURES:
SPECIFY:		WATER CLOSET URINAL

BWP/ELECTRIC	PHOTOVOLTAIC
PERFORMANCE METER CONFIRMATION:	# ARRAYS
SIGNATURE <input type="checkbox"/> YES <input type="checkbox"/> NO	BUILDING NO. OF STORIES:
ELECTRIC VEHICLE CHARGING STATION	FLAT ROOF: <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE <input type="checkbox"/> YES <input type="checkbox"/> NO	DISCONNECT: <input type="checkbox"/> YES <input type="checkbox"/> NO
	BATTERY BACKUP: <input type="checkbox"/> YES <input type="checkbox"/> NO

PUBLIC WORKS DEPT/SEWER	FIRE DEPARTMENT
INTERCEPTOR REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PLAN CHECK:
DATE:	PLAN CHECK FEE:
NAME:	NAME:
SIGNATURE:	SIGNATURE:
BACKFLOW PREVENTION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE:
DATE:	
NAME:	
SIGNATURE:	

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.

SIGNED: _____ DATE _____ SIGNATURE OF APPLICANT: _____ SIGNATURE _____